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Bib Data Sheet

CONFIRMATION NO. 6953

<b>SERIAL NUMBER</b> 09/887,469	<b>FILING DATE</b> 06/22/2001 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1648	<b>ATTORNEY DOCKET NO.</b> NIH-013/E-225-00/1
<b>APPLICANTS</b> Christine D. Krempf, Rockville, MD; Peter L. Collins, Rockville, MD; Brian R. Murphy, Bethesda, MD; Ursula Buchholz, Insel Riems, GERMANY; Stephen S. Whitehead, Gaithersburg, MD;				
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/213,708 06/23/2000				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/01/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 17	<b>TOTAL CLAIMS</b> 207
Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 5		
<b>ADDRESS</b> Jack Spiegel Office of Technology Transfer NIH 6011 Executive Boulevard Suite 325 Rockville, MD 20852				
<b>TITLE</b> Respiratory syncytial virus vaccines expressing protective antigens from promoter-proximal genes				
<b>FILING FEE RECEIVED</b> 4366	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____	



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**APPLICANTS**

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 Brian R. Murphy, Bethesda, MD;  
 Ursula Buchholz, Insel Riems, GERMANY;  
 Stephen S. Whitehead, Gaithersburg, MD;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/213,708 06/23/2000 *OK SPC*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*none SPC*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 08/01/2001

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35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>SPC</i>				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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**TITLE**

Respiratory syncytial virus vaccines expressing protective antigens from promoter-proximal genes

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